



Wyoming Department of Health

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Si usted o alguien a quien usted está ayudando tiene preguntas sobre el Departamento de Salud de Wyoming, tiene el derecho de obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al [1-866-571-0944](tel:1-866-571-0944) o visite una oficina de enfermería de salud pública cerca de usted para obtener ayuda.

如果您或您正在幫助對懷俄明州衛生部提出疑問，您有權利用您的語言免費獲得幫助和信息。與口譯員交談，致電[1-866-571-0944](tel:1-866-571-0944)或訪問您附近的公共衛生護理室尋求幫助。

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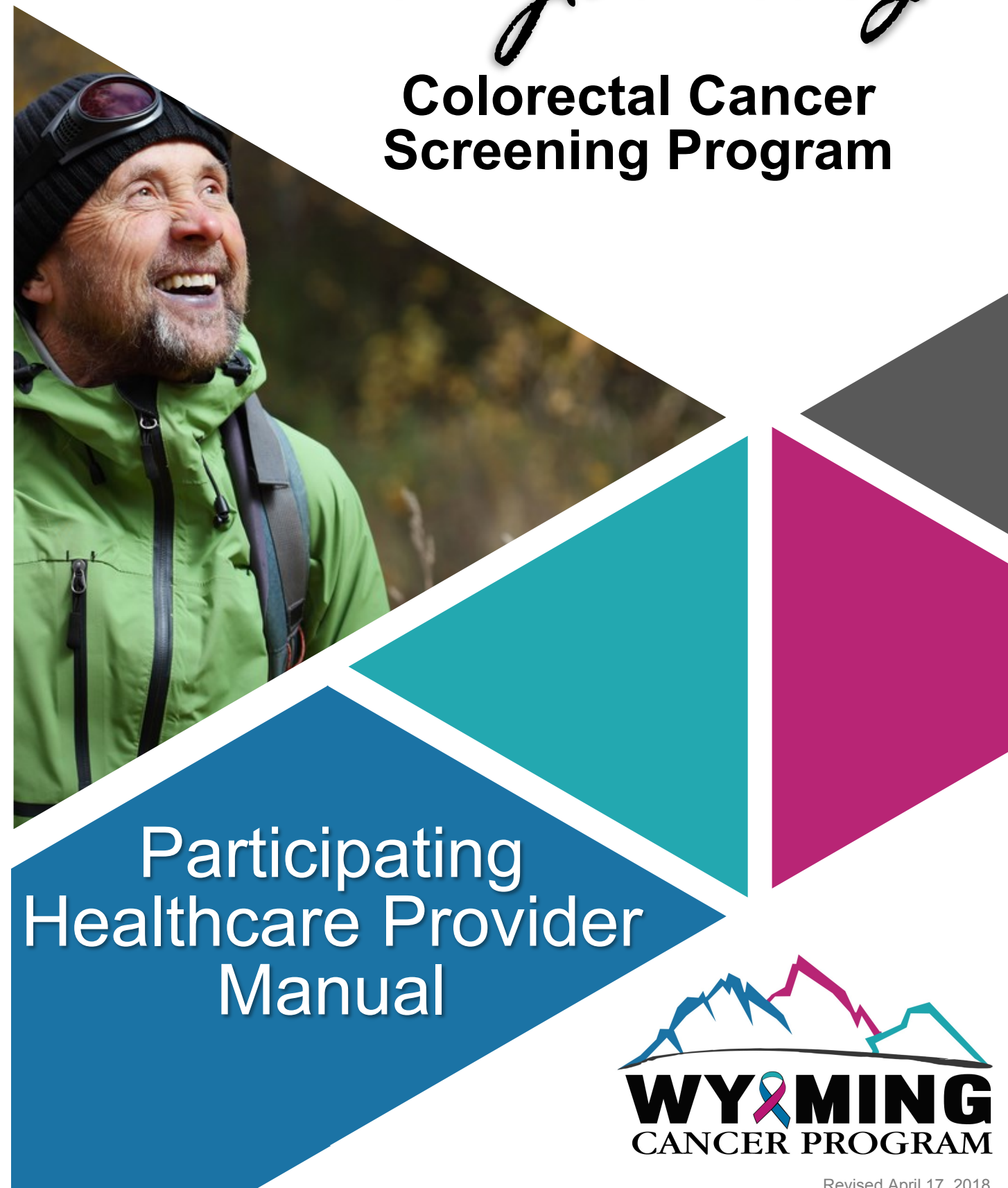
Additional information, copies, and alternative formats may be obtained from:



6101 Yellowstone Rd. Suite 510 · Cheyenne WY 82002 · 1.800.264.1296
wdh.cancerservices@wyo.gov · www.health.wyo.gov/cancer

Wyoming

Colorectal Cancer Screening Program



Participating Healthcare Provider Manual



Revised April 17, 2018



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Appendix A - Certification of Need for Colorectal Cancer Screening Under Age 50



Appendices

Appendix A - Certification of Need for Colorectal Cancer Screening Under Age 50



Certification of Need
Screening for Colorectal Cancer
for Individuals Under Age 50

Client’s Name: _____

Client’s Address: _____

Client’s Date of Birth: _____ Client’s Home or Cell Phone #: _____

Please check all that apply:

☐ Has a family history of colorectal cancer or adenomatous polyps in a first-degree relative < age 60 years or in 2 or more first-degree relatives at any age. *(Screening should begin at age 40 or 10 years before the youngest case in the immediate family)*

☐ Has a family history of colorectal cancer or adenomatous polyps in a first-degree relative ≥ age 60 years or in 2 second-degree relatives with colorectal cancer. *(Screening should begin at age 40)*

☐ Has a personal history of adenomatous polyp(s) or colon cancer

☐ Has a personal history for ≥ 8 years of Crohn's Disease

☐ Has a personal history for ≥ 8 years of Ulcerative Colitis

☐ Has a documented hereditary syndrome (HNPCC, FAP, or AFAP)

☐ Other*: List all signs/symptoms: _____

* NOTE: Under the category “other,” additional documentation **must** be submitted (i.e. copies of lab work, progress notes, radiology reports, etc.) to demonstrate that other possible causes of symptoms have been ruled out and to support that there is reasonable justification to request a **colorectal cancer screening** at this time.

“I certify that even though this client is under the age of 50, I believe he/she is at increased risk for colorectal cancer for the reason(s) indicated above. Therefore, I am requesting an exception be made by the program to approve this client for enrollment into this program.”

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider Name (please print): _____

Clinic Name: _____

Clinic Address: _____

You may fax a copy of this completed form to expedite the process; however, please also mail the form with the original signature to the program. Keep a copy for your records.

Wyoming Cancer Program
6101 Yellowstone Road, Suite 510, Cheyenne, WY 82002
Phone: 1.800.264.1296 Fax: 307.777.3765

For WCP Office Use Only: Review Date: _____ Request **Approved** _____ Request **Denied** _____

Reason(s) for Denial: _____

WCP Reviewer’s Signature: _____

Claims and Reimbursements

Processed Claims

All billing claims associated with the WCCSP must be submitted electronically to Medicaid utilizing either a clearinghouse or Medicaid web portal. The Wyoming Medicaid contractor processes all claims via the web portal. Billing, eligibility, and claim status can be verified by calling 1.800.251.1268 or by utilizing the provider web portal at <https://wymedicaid.portal.conduent.com/wy/general/home.do>. Participating providers should submit the claim within three months of the date of service. In order to receive reimbursement, the claims must be dated within 12 months of the date of service, and required reports must be attached to the claim. If the attachment is not received within 30 days of the electronic claim submission, the claim will be denied and it will be necessary to resubmit the claim with the proper attachment. Refer to the Medicaid Provider Manual for further details on submitting a claim with attachments.

The WCP is the payer of last resort. Most participating providers will receive payments through the same process as their Medicaid reimbursements. Checks are processed weekly in accordance with policies set by the State Auditor’s Office for providers not receiving payment through the electronic process.

Denied Claims

Claims submitted after one year past the date of service will be denied for timely filing. An enrolled client cannot be held responsible for payment if a claim is denied due to the provider failing to submit the claim within one year.

Participating providers are prohibited from making any charges to an enrolled client, any member of the client’s family, or other sources of supplementation for those services covered by the WCP. The provider may bill clients enrolled in WCCSP for any services not covered by the WCP.

Reimbursement Documentation Requirements

Participating providers are required to submit copies of the office visit report, laboratory report, radiology report, and/or pathology report for WCP-enrolled clients. Provider reimbursement is contingent on submission of these reports. Clinical aggregate outcome data is collected by the WCP and is available upon request.

As part of the provider agreement, participating healthcare providers agree to provide the following:

- Pre-operative consultation bill
 - ♦ Submit the office consult report
- Colonoscopy bill
 - ♦ Submit the procedure report, which includes:
 - * Pre- and post-procedure diagnoses
 - * Description of procedure
 - * Findings
 - * Recommendations
- Pathology bill
 - ♦ Submit the pathology report
- Facility bill
 - ♦ Submit the procedure report
- Anesthesia bill
- Radiologist bill
 - ♦ Submit the radiology report
- Explanation of Benefits (EOB), if client has primary insurance

HIPAA (45 CFR 164.506)

The Wyoming Department of Health is a covered entity. A covered entity may, without the individual’s authorization, use or disclose protected health information (PHI) for the purposes of treatment, payment, and healthcare operations activities. The Wyoming Department of Health (WDH) uses and discloses protected health information, as defined by the Health Insurance Portability and Accountability Act (HIPAA), in accordance with State and Federal law and the WDH Notice of Privacy Practices (NoPP). The WDH NoPP can be found on the Wyoming Department of Health's website at <http://www.health.wyo.gov> or a copy can be requested by calling 1.800.264.1296.

Program Overview

Colorectal cancer is the number two cancer killer of adults in Wyoming, second only to lung cancer. However, the good news is that colorectal cancer is preventable with adequate screening. In 2007, the Wyoming Legislature passed the Wyoming Cancer Control Act, which established the Wyoming Colorectal Cancer Screening Program (WCCSP). The WCCSP is a component of the Wyoming Cancer Program (WCP). The purpose of the WCCSP is to eliminate the cost barrier to screening by reimbursing participating program providers for qualifying services provided to program-enrolled clients.

The Wyoming Department of Health’s Public Health Division receives funding from State general funds and tobacco settlement funds to operate the WCCSP. The WCP provides tracking, follow-up, and case management for all enrolled clients. Additionally, the WCP houses two other components, the Wyoming Breast and Cervical Cancer Screening Program (WBC CSP) and Wyoming Comprehensive Cancer Control Program (WCCCP).

The WCCSP operates in accordance with the Rules and Regulations for the Wyoming Colorectal Cancer Screening Program.

Purpose of the Provider Manual

The purpose of this document is to provide guidance to participating healthcare providers regarding program policies and procedures. The program will send important programmatic or policy updates to the primary office contact, as needed. Additional information can be found in a copy of the signed provider agreement issued upon enrollment into the program. The most recent version of this manual is available on the website: www.health.wyo.gov/publichealth/prevention/cancer.

Staff Directory

The WCP team is available to provide assistance from 8 a.m. to 5 p.m., Monday through Friday (excluding State-approved holidays). They can be reached by calling 1.800.264.1296, emailing wdh.cancerservices@wyo.gov, or selecting a phone number from the following list:

Team Member	Phone
Administrative Assistant and General Questions	307.777.3699
Educational Materials	307.777.3480
Program Manager	307.777.6006
Program Nurses	307.777.7461 or 307.777.6043

Enrollment

Provider Enrollment

Healthcare providers become a participating provider through an enrollment process. This process outlines special provisions in regards to the terms and conditions for participating providers, including payment for services.

All participating providers/facilities are *required* to be a Wyoming Medicaid provider and ensure that up-to-date practice credentials are always on file. The WCP also recommends that participating healthcare providers refer program-enrolled clients who are current smokers to the Wyoming Quit Tobacco Program (1.800.QUIT.NOW or quitwyo.org).

A current list of WCCSP participating providers can be found on the website or requested by calling 1.800.264.1296.

Enrollment continued

Client Eligibility

Eligibility for the WCCSP requires applicants to meet criteria in *each* of the categories listed below.

- Residency: Resident of the state of Wyoming for at least one year prior to application submission
- Age: 50 years and older
 - ♦ For applicants under the age of 50, participating providers may request an exception by completing a Certification of Need form if the applicant is at high risk for colon cancer (See Appendix A) or by contacting the program and providing necessary documentation
- Income: Gross income must be at or below 250% of the Federal Poverty Level
 - ♦ The most current income guidelines can be found on the program’s website
- Insurance: Must be uninsured or underinsured
 - ♦ Applicants must not currently be enrolled in Medicaid or Medicare Part B
- Previous Colonoscopies: If an applicant has received a colonoscopy within 10 years prior to the time of application, authorization for a rescreen will be made on a case-by-case basis

Client Enrollment

To enroll, eligible applicants must complete the most recent version of the application and submit it to the program for review and approval. Electronic applications may be completed and submitted online at <https://health.wyo.gov/cancer/>. Applicants can also find a printable version on the website and fax or mail it in to the program. Printed copies can also be obtained by calling the program at 1.800.264.1296.

All applicants will be notified of their application approval status. Approved applicants will receive an approval letter with a screening information packet and an enrollment card. **The program may reimburse for covered services provided up to the first day of the month preceding the application date.**

Covered and Non-Covered Services

Covered Services

Current Procedural Terminology (CPT) Code Sets: The WCP reimburses for a limited number of covered services. In order to ensure timely reimbursement, only submit claims with covered CPT codes. A list of reimbursable CPT codes, including allowable modifiers and the current rate of reimbursement, is updated annually and is available on the WCP website. Use the most recent CPT code list for reimbursement estimates.

Expenses are reimbursed by the WCP at the Wyoming Medicaid Program allowable rate. These include, but are not limited to:

- | | |
|---|-------------------------------|
| • Colonoscopy pre-operative consultation fees | • Facility fees |
| • Colonoscopy procedures | • Sedation or anesthesia fees |
| • Level IV surgical pathology, and gross and microscopic examinations | • Metabolic panels |

Non-Covered Services

Services *not* covered by the WCP include, but are not limited to:

- | | |
|--------------------------------------|--|
| • Colonoscopy bowel prep | • Post-op examinations or other office visits |
| • Stool testing | • Hemorrhoidectomies or hemorrhoid banding |
| • Genetic testing | • Treatment for colon cancer, inflammatory bowel disease, or any other condition requiring treatment |
| • Esophagogastroduodenoscopies (EGD) | • Adverse side effects |
| • Digital rectal exams | |

Covered and Non-Covered Services continued

Barium enema, CT colonography, or flexible sigmoidoscopy might be approved by the program on a case-by-case basis following an inadequate or incomplete colonoscopy. Please contact the program for more information.

Important Note: Clients enrolled in the program will be issued a WCP enrollment card. Be sure to ask the client for the card prior to the procedure and make a copy of the card for office records. The program is not responsible for expenses accrued for missed appointments.

Communicating with WCCSP Clients

The WCP recognizes that the primary channel of communication regarding healthcare issues is between the healthcare provider and the client. It is the responsibility of participating providers to conduct follow-up and notify enrolled clients of test results and the need for further evaluation due to suspicious or abnormal test results.

When referring WCCSP clients, it is important to refer to other participating providers or participating laboratories for the services to be covered. The program website is a great resource to access the most current provider listing. Please contact the WCP with questions regarding a healthcare provider’s enrollment status.

Clinical Documentation Requirements

Adequacy of Colonoscopy

Adequate colonoscopy is defined as reaching the cecum and having colonic preparation sufficient to visualize 90% of the colonic mucosa. If a provider determines that a colonoscopy is inadequate, the provider should document if and when additional procedures are necessary to complete the screening. **Follow-up screening due to an inadequate initial colonoscopy must be pre-approved by the WCP before reimbursement is allowed.**

Findings of Colonoscopy

The report of optical colonoscopy findings should include findings such as: polyp(s), masses, lesions/tumors, other lesions, hemorrhoids, diverticular disease, varices, inflammatory bowel disease, ulcerative colitis, and Crohn’s disease of the colon. If findings are reported, please include:

- Number of lesions
- Description (e.g. flat, raised, sessile, pedunculated, bleeding, irregular, etc.), size, and location of each lesion
- Biopsy/management of lesions:
 - ♦ Biopsy during the colonoscopy with removal of entire lesion(s)
 - ♦ Biopsy without removal of entire lesion(s)
 - ♦ No biopsy during colonoscopy

Other management of polyp/lesion (tattoo of site, saline prior to biopsy, etc.)

Gastroenterologist’s Recommendation

The recommendation for date of next colonoscopy or other testing is based on the adequacy of the colonoscopy, the optical findings, the results of pathology, and the client’s risk category. If the recommendation depends on the results of the histologic evaluation of a polyp, then the gastroenterologist should provide a recommendation contingent on the pathology results.

Pathology Reports

A polyp or lesion should be classified by standard pathologic criteria and should include the following:

- Type of polyp or lesion
- Degree of dysplasia
- Presence of involvement of stalk/margin